

Reducing Tobacco Use Among High-Risk Populations

Tobacco Facts

May 2004

Good health for all

In Washington, 21 percent of adults smoke. Many racial, ethnic, or poor communities have higher smoking rates.

The smoking rate for less-educated populations is 39 percent, for American Indians and Alaskan natives is 39 percent, for Vietnamese men is 38 percent, and for African Americans is 25 percent

Research shows that tobacco use among some population groups is significantly higher than for the general population. These groups also often have less access to healthcare and other resources. The result is a health disparity or a disproportionate occurrence of tobacco-related death and disease.

Tobacco-related health disparities are influenced by many factors, including the socio-economic status, geographic location, race and ethnicity, gender, sexual orientation, or disability of a population. The history, cultural beliefs, and country of origin of many populations also can affect their tobacco-use rates. Tobacco companies have contributed to these health disparities as well by using targeted political, marketing, and charitable-giving strategies to create long-term loyalty and demand for their products. Reducing tobacco use in high-risk groups is one of four central goals of the Department of Health's Tobacco Prevention and Control Program.

What the program is doing to reduce tobacco use disparities

Comprehensive Approach

Research shows that tobacco prevention and control efforts must be broad-based and comprehensive to be effective, and must include:

- Community and school-based activities.
- Public awareness campaigns and strategies.
- Services to help people who want to quit.
- Policy development and enforcement activities.
- Data gathering to assess impact and measure the effectiveness of activities.

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The Cross Cultural Workgroup on Tobacco

The Tobacco Program convened the Cross Cultural Workgroup on Tobacco in April 2001 to identify innovative ways of eliminating tobacco use and exposure to secondhand smoke in high-risk populations. The workgroup included organizations from culturally diverse populations, existing Tobacco Program contractors, and others working to address health disparities.

Cross Cultural Workgroup on Tobacco

American Lung Association

BREATHE Alliance

Center for Multicultural Health

Confederated Tribes of the Colville Reservation

Commission on African American Affairs

Korean Women's Association

My Service Mind

Northwest Communities Education Center/
KDNA Radio

Northwest Parish Nurse Ministries

Northwest Portland Area Indian Health Board

Seattle Indian Health Board

Snohomish Health District

Tacoma-Pierce County Health Department

Verbena

Washington Association of Community and Migrant Health Centers

Washington Asian Pacific Islanders Families Against Substance Abuse

For more information on tobacco prevention:

www.doh.wa.gov/tobacco/

Members representing African American, American Indian/Alaska Native, Asian American/Pacific Islander, Latino, sexual minority, and rural communities assessed how tobacco was viewed in their community and what structures might support efforts to reduce tobacco use and exposure to secondhand smoke.

The assessments were used to identify six critical issues that needed to be addressed to eliminate tobacco-related health disparities:

- Lack of sustained funding
- Lack of outreach and access to programs and services
- Low priority of the tobacco issue in high-risk communities
- Institutional racism
- Lack of focused resources
- Tobacco companies' targeting of high-risk communities

The Cross Cultural Workgroup developed three- to five-year goals to address the six critical issues. These goals established the structure for the *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State*, which was completed in May 2003. The plan is a comprehensive framework to guide statewide efforts to improve the health of high-risk populations. It identifies strategies needed to prevent and reduce tobacco use and secondhand smoke exposure among these groups.

The Tobacco Program has begun addressing many of the objectives in the plan, including funding and training contractors in five high-risk communities.

Evaluation of the plan

The Tobacco Program will evaluate the implementation of *The Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State* to ensure activities achieve desired outcomes. The Tobacco Program also is improving its surveys, materials, and activities to try to reach people who speak different languages.

A comprehensive approach to fighting tobacco use

Research shows that state anti-tobacco programs must be broad-based and comprehensive to be effective. In addition to supporting activities in high-risk populations, Washington's Tobacco Prevention and Control Program supports programs in communities and schools, conducts public awareness and media campaigns, provides services to help people quit, encourages smoke-free environments, restricts the ability of kids to get tobacco, and evaluates the effectiveness of state and local program activities.